that these diverticula may be either congenital or acquired, and if congenital, there is no reason why they may not cause trouble in early life. He does not consider the explanation that the diverticula result from constipation and distention of the bowel with protrusion of pouches of mucous membrane through the muscle fibres a satisfactory one.

DR. ASTLEY P. C. ASHHURST, in closing, said that in his case the diagnosis was of course largely conjectural; he thought, however, that the mass certainly was one of enlarged glands, but he believes that if these glands had been simply tuberculous in character, which he considers a rarer condition in the mesosigmoid than the presence of diverticulum, there would have been symptoms of tuberculous disease and the course of the case would not have been so favorable. Although the condition is a rare one he sees no reason why this should not be considered a case of diverticulitis.

RADICAL CURE OF UMBILICAL HERNIA IN A CHILD WITH PRESERVATION OF THE NAVEL.

DR. ASHHURST reported the case of Thomas S., aged two and a half years, who had suffered since infancy with an umbilical hernia, which on admission was the size of an English walnut, and was easily reducible. The ring admitted the little finger. There was also a right inguinal hernia.

Having seen the suggestion that the navel be preserved in operating on children, especially boys, for the radical cure of umbilical hernia, he determined, at the risk of being thought to do a complicated operation where a simple would suffice, to attempt such an operation in this case. For the privilege of operating and of reporting the operation, he was indebted to Dr. Hodge, in whose service at the Children's Hospital the patient was treated.

The operation was done July 25, 1907. A crescentic incision was made below and surrounding the navel, down to the sheaths of the recti muscles. The flap of skin and subcutaneous fat thus outlined was dissected upwards, for an inch or more above the navel, the hernial sac being opened just beneath the umbilicus. The flap containing the navel was then turned upwards, and the sheath of the rectus muscle on each side was opened transversely at the level of the ring. The sheaths with the intervening

linea alba were then dissected free from the underlying transversalis fascia and peritoneum. Then with three mattress sutures of chromic catgut the aponeurosis below the ring was drawn upwards into the slit between the transversalis fascia beneath and the sheath of the recti muscles superficially. The flap of aponeurosis on the thoracic side of the hernial ring was then sutured (with continuous stitches of chromic gut) to the sheaths of the recti muscles below, thus interposing, as in the usual overlapping operation, two layers of aponeurosis between the peritoneal cavity and the subcutaneous tissues. The skin flap was then sutured back in place, and a small catgut drain was introduced beneath it at one angle of the incision, because the absence of the hernia and the overlapping of the aponeurosis had made the skin flap somewhat redundant, and it was feared that some serum might collect beneath it were no drain employed. This drain was absorbed, having fulfilled its purpose, before the first dressing of the wound, when union was found firm throughout. The operation took only twenty minutes to do, and as the scar fades away in the natural creases of the abdomen it will be barely possible to tell that any operation has been done (Fig. 1). The boy at least will not be an object of ridicule among his companions in bathing, etc.

The inguinal hernia was operated on at the same sitting. It was a hernia into a patulous processus vaginalis testis, and the Bassini operation was done. Both scars are now perfectly firm, and the boy is in excellent health.

Dr. John H. Jopson said that in 1906 he had seen Dr. James Stone of Boston operate for umbilical hernia in a child at the Boston Children's Hospital, and Dr. Stone advanced the same reasons for preserving the umbilicus that Dr. Ashhrust had mentioned. He did not do as Dr. Ashhurst described, but made a linear vertical incision. Dr Jopson repeated this operation on a child at the Presbyterian Hospital last winter. Referring to Dr. Ashhurst's first case it seemed to Dr. Jopson that the diagnosis of diverticulum was only a matter of conjecture, and that in the absence of an opportunity for resection and examination of the tumor and as there were undoubtedly enlarged glands in the mesentery it might just as well have been considered a case of enlarged glands in the mesosigmoid as the rare condition of diverticulitis.

FIG. 1.

Result of operation for umbilical hernia with preservation of the navel.